

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10		2				
11	1					
12	1					
13		3				
14		3				
15		3				
16		3				
17	1					
18		1				
19		3				
20		3				
21		3				
22	1					
23	1					
24		2				
25		2				
26		2				
27		2				
28	1					
29		3				
30		3				
31		3				
32		3				
33		2				
34		2				
35		2				
36		8				
37		8				
38		8				
39		8				
40		1				
41		1				
42		1				
43	1					
44		1				
45		1				
46		8				
47		8				
48	1					
49	1					
50	1					

TOTAL IND.

← →

TOTAL DEP.

← →

TOTAL CLAIMS

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
51		1										
52		9										
53		2										
54		2										
55		2										
56		1										
57		1										
58		1										
59		1										
60	1											
61	1											
62		4										
63		9										
64		1										
65		1										
66		1										
67		1										
68		1										
69												
70												
71												
72		1										
73		1										
74		1										
75		2										
76		2										
77	1											
78	1											
79	1											
80												
81												
82												
83												
84												
85												
86												
87												
88												
89												
90												
91												
92												
93												
94												
95												
96												
97												
98												
99												
100												

TOTAL IND.

20

← →

TOTAL DEP.

104

← →

TOTAL CLAIMS

124

← →

← →

← →